

Guidelines for Coordinating School Health Programs

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Description of a Coordinated School Health Program

A coordinated school health program is an effective system designed to connect health with education. This coordinated approach to school health improves students' health and their capacity to learn through the support of families, communities and schools.

Definition

Tennessee uses the CDC recommended coordinated school health model that is commonly used for organizing a quality school health program. This model consists of eight interrelated components (Kolbe and Allensworth, 1987). The components include:

Comprehensive Health Education

Health education is a planned, sequential, pre K-12 curriculum and program that addresses the physical, mental and emotional, and social dimensions of health. The activities of the curriculum and program are integrated into the daily life of the students and designed to motivate and assist students to maintain and improve their health, prevent disease and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. The curriculum and program include a variety of topics such as personal health, family health, community health, consumer health, environmental health, family living, mental and emotional health, injury prevention and safety, CPR, nutrition, prevention and control of disease and substance use and abuse. Qualified professionals such as health educators, teachers, school counselors, school health nurses, registered dietitians, and community health care professionals provide health education.

Health Services

Health services are provided and/or supervised by school health nurses to appraise, protect, and promote the health of students. These services include assessment, planning, coordination of services and direct care for all children, including those with special health care needs. Health services are designed and coordinated with community health care professionals to ensure early intervention, access and referral to primary health care services; foster appropriate use of primary health care services; prevent and control communicable disease and other health problems; provide emergency care for student and staff illness or injury; provide daily and continuous services for children with special health care needs; promote and provide optimum sanitary conditions for a safe school facility and school environment; and provide educational and counseling opportunities for promoting and maintaining individual, family and community health. Qualified professionals such as school health nurses, physicians, psychiatrists, psychologists, dentists, health educators,

registered dietitians, school counselors, and allied health personnel including speech therapists and occupational or physical therapists provide these services.

Nutrition Services

Nutrition services assure access to a variety of nutritious, affordable and appealing meals in school that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to meet the complete nutrition needs of students.

Each school's nutrition program also offers a learning laboratory for classroom nutrition and health education that helps students develop skills and habits in selecting nutritionally appropriate foods, and serves as a resource and link with nutrition-related community services and educational programs. Qualified professionals such as experienced, knowledgeable school food supervisors and registered dietitians provide these services.

Physical Education/Physical Activity

Physical education is a planned, sequential pre-k -12 curriculum program that follows national standards in providing developmentally appropriate, cognitive content and learning experiences in a variety of physical activity areas such as basic movement skills; physical fitness; rhythm and dance; cooperative games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Quality physical education promotes, through a variety of planned individual and cooperative physical activities and fitness assessments, each student's optimum physical, mental, emotional and social development; and provides fitness activities and sports that all students, including students with special needs, can enjoy and pursue throughout their lives. Qualified professionals such as physical education teachers and physical activity specialists provide physical education and related fitness activities.

Healthy School Environment

Healthy school environment concerns the quality of the physical and aesthetic surroundings; the psychosocial climate, safety, and culture of the school; the school safety and emergency plans; and the periodic review and testing of the factors and conditions that influence the environment. Factors and conditions that influence the quality of the physical environment include the school building and the area surrounding it; transportation services; any biological or chemical agents inside and outside the school facilities that are detrimental to health; and physical conditions such as temperature, noise, lighting, air quality and potential health and safety hazards. The quality of the psychological environment includes the physical, emotional and social conditions that affect the safety and well being of students and staff. Qualified staff such as facilities and transportation supervisors, principals, school and community counselors, social workers, psychologists, school health nurses, health educators, and school safety officers assess and plan for these factors and conditions in the school environment.

School Counseling, Psychological and Social Services

Counseling, mental health, and social services are provided to assess and improve the mental, emotional, and social health of every student. All students

receive these services, including developmental classroom guidance activities and preventative educational programs, in an effort to enhance and promote academic, personal, and social growth. Students who may have special needs are served through the administration and interpretation of psychometric and psychoeducational tests, observational assessments, individual and group counseling sessions, crisis intervention for emergency mental health needs, family/home consultation, and/or referrals to outside community-based agencies when appropriate. The professional skills of counselors, psychologists, and social workers, along with school health nurses, are utilized to provide coordinated "wrap around" services that contribute to the mental, emotional, and social health of students, their families and the school environment. Qualified professionals such as school and community counselors, school and community psychologists, school health nurses, social workers, and qualified staff from community agencies provide these services.

Family and Community Involvement

Involvement of parents, community representatives, health specialists, and volunteers in schools provides an integrated approach for enhancing the health and well being of students both at school and in the community. School health advisory councils, coalitions, and broadly-based constituencies for school health can build support for school health programs. School administrators, teachers, and school health staff in all components actively solicit family involvement and engage community resources, expertise, and services to respond effectively to the health-related needs of students and families. Qualified professionals such as principals, teachers, and school health staff, along with parents and volunteers, provide leadership in this area.

School-Site Health Promotion for Staff

Wellness opportunities such as health assessments, health education and physical fitness activities are provided to all school staff, including the administrators, teachers and support personnel, to improve their health status. These opportunities encourage staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and greater personal commitment to the overall coordinated school health program. This personal commitment often transfers into greater commitment to the health of students and serving as positive role models. Health promotion activities conducted on-site improve productivity, decrease absenteeism, and reduce health insurance costs. Qualified professionals such as principals, supervisors, health educators, school health nurses and school personnel/human resources directors provide leadership in this area.

Rationale for Coordinating School Health Programs

A coordinated approach:

- Provides a more efficient and effective way to use existing resources to meet the needs of students and staff. Currently funding for school programs is often categorical (issue specific) and programs are fragmented, with many gaps and overlaps.

- Contributes to the equality of students' opportunity to learn.
- Increases the potential impact of individual components. (Allensworth, 1994).

There is evidence that shows the positive impact of one or more components on student health and learning outcomes. School administrators (McKenzie and Richmond, 1998) also report that coordinating health initiatives results in:

- Reduced absenteeism
- Fewer classroom behavior problems
- Improved academic performance
- Greater interest in healthy diets
- Increased participation in fitness activities
- Delayed onset of certain health risk behaviors
- Less smoking among students and staff
- Lower rates of teen pregnancy

It is anticipated that these positive effects on student and staff health will in turn help to achieve the Healthy People 2010 overall goals of:

- Increasing the quality and years of healthy life, and
- Eliminating health disparities (U.S. Department of Health and Human Services, 2000).

Best Practices

Education and health professionals have learned a great deal about "best practices" for promoting healthy schools and students. If this knowledge were broadly applied in schools and communities, the potential impact on health and learning would be substantial. Implementation of best practices would transform our schools and go beyond "tinkering at the margins of the health and educational attainment of our children" (Degraw, 1994).

Experts in school health generally agree that quality programs share the following "elements of excellence:"

- ***Administrative support and commitment:*** School and district administrators view health promotion as an essential part of the education mission of the school and provide public support and resources for the program.
- ***A coordinator:*** A competent and properly prepared professional is designated to coordinate school health program/school health team activities.
- ***A collaborative/team approach:*** A school health advisory group(s) with a common vision meets regularly and has clearly defined roles and established priorities.
- ***Strong school/community links:*** The school builds partnerships with families, community organizations and the community at large; and the school health program links with other health and social service providers and programs in the community to increase access to services.

- ***Adequate time and funding:*** School health activities, the coordinator and school health advisory group(s) are supported by resources and time over multiple years.
- ***Professional development:*** Coordinators and other staff receive training that helps them to work collaboratively across disciplines and with families and community groups.
- ***A safe and supportive environment for staff and students:*** Policies and programs promote clear, high expectations and positive health choices for staff and students; and consistent and reinforcing health-enhancing messages are communicated and modeled by multiple sources (e.g. nutrition education is reinforced by lunchroom offerings).

Steps at a Glance

The following is a snapshot of the steps for coordinating quality school health programs. For more detailed information and sample tools for completing the steps, refer to the Resource List at the end of this section, or contact the Office of Coordinated School Health at the Tennessee Department of Education (615-532-6300).

The steps describe essential structures and processes, and are divided into five categories or stages:

- Establishing Essential Structures
- Assessing Need
- Planning
- Implementation and Evaluation of Process
- Evaluation, Celebration and Sustainability

The order of the steps may vary in different school administrative units. Also, steps may occur simultaneously and/or loop back on one another.

Stage 1. Establishing Essential Structures

- **Step 1. Hire a full time school health coordinator and define/clarify his or her responsibilities.**
 - School health coordinators have multiple roles and responsibilities, including facilitation of school health council meetings, delegation of tasks to council members, presentations at School Board meetings, and advocating for improvements in, and coordination of, school programs.
 - Providing direct services, teaching health education, nursing and coaching are not appropriate responsibilities for the coordinator.
 - A written and approved job description is helpful in clarifying this new role.
- **Step 2. Gain support from school leaders.**
 - Meet with building and central office administrators, and with others that are informal leaders among staff.
 - Explain benefits of a CSHP, especially the positive impact on health, which in turn affects educational success.

- Connect the coordination of the school health program to other “hot topics” and priorities for school improvement.
- **Step 3. Increase awareness about CSHP within the school and community.**
 - Get the word out to a wide audience. (It’s harder to be “down” on something that you are “up” on.)?
 - Keep the message simple and avoid jargon. For example, phrases like “healthy school,” “healthy students,” “healthy children are better learners” will be easier for many to understand than “coordinated school health programs.”
 - Tailor the message to your audience. Step 2 gives examples of messages that are important to school administrators. In addition, business leaders are likely to be interested in how school health programs can contribute to a productive work force, while physicians may be more interested in how it will meet student health needs.
 - Listen carefully to ideas and concerns. This will strengthen your work and can indicate barriers that need to be addressed.
- **Step 4. Recruit members for appropriate committee(s)/team(s)--e.g., School Health Advisory Council, School Health Staff Coordinating Council and Health School Teams--to guide and assist with coordination.**
 - The purposes of the committee(s) are to develop, guide, implement and evaluate a work plan for coordinating quality school health programs.
 - The structure and membership of the group(s) that perform these functions will depend on many factors, including the population size, geographic area, and health needs of the School Administrative Unit.
 - The team(s) should include representatives from the eight component areas within the school system and their counterparts from the community at large. Students and family members are critical participants in addition to administrators, school staff and health professionals.
 - Coordinate membership and function of the coordinated school health groups with existing groups. For example, an existing planning group, such as a Safe and Drug-Free Schools committee or the Wellness Policy committee, could evolve into a School Health Council. Include members of any ad hoc planning groups (see Step 2). If a new group is created, be sure to establish links to existing related groups through regular communication, by identifying a liaison or representative from one group to another, by establishing one group as a subcommittee of another, or through other means.
- **Step 5. Establish a strong team.**
 - Take time to build good working relationships and to develop ownership among team members from the beginning. This will improve effectiveness and help to prevent problems later on.
 - Develop a vision for CSHP based on the results of the School Health Index. (Where do you want to go?)
 - Decide on a mission for your team/committee(s) in reaching this vision. Link this to the school system’s vision and mission.

- **Step 6. Discuss group process including effective communication, participatory decision-making and conflict resolution.** You may also want to recognize different learning and personal styles and how these affect the function of the group.
 - Share diverse perspectives on health promotion and systems change.
 - Develop a common language. Example: agree on definitions of health components, community, partnership, and systems change.
 - Facilitate action and change by providing opportunities for involvement, building skills and by giving recognition or incentives to team/committee members.

Stage 2. Assessing Need: Where are we now?

- **Step 7. Assess student health needs.**
 - Use formal (School Health Index) and informal methods for gathering information about student health risks and assets. This should include quantitative (statistical) and qualitative data (stories, opinions).
 - Inquire about and collect existing information about staff, family and community needs and assets.
- **Step 8. Complete a formative (program) evaluation.**
 - Gather information about the existence and perceived importance of health-related school programs and services.
 - Assess the existence and perceived importance of school policies and coordination structures, such as the school health coordinator and leadership team.
 - Gather information from a variety of stakeholders such as students, staff, administrators, parents and community members.
 - Use a valid and reliable tool to gather this information (School Health Index).
 - Identify and analyze key findings from the program needs assessment, focusing on items that are ranked as high in importance and low in existence, or high in importance and high in existence.
 - Create a plan that summarizes key findings and includes general recommendations for improvements.

Stage 3. Planning: How will we get where we want to go?

- **Step 9. Use assessment findings to help set priorities.**
 - Consider other important factors along with the formative evaluation report when setting priorities. These may include student health needs, best practices for CSHP, feasibility, resources, current “hot” topics of interest to key players, visibility, state mandates, or grant requirements.
 - Priorities should include strengths that need to be sustained as well needs or challenges that need to be addressed.
- **Step 10. Develop a multi-year action plan to address priorities.**
 - Link the action plan to the vision for CSHP and mission of the team(s)/committee(s).

- Be careful about the number and scope of tasks taken on. It will take at least several years to implement and coordinate all components.
- Coordination will need to be an ongoing process. Try to find a balance between shorter- and longer-term objectives.
- For each priority or objective, identify tasks or activities, person(s) responsible, resources, timeline, process and outcome evaluation measures.
- Develop a plan for addressing barriers and concerns regarding work plans, staff support, and coordinator position.
- Incorporate other steps below into the action plan as appropriate, e.g., policy development, professional development, continued communication and advocacy.
- **Step 11. Decide how the team or council wants to organize itself to complete the action plan.**
 - Set up task groups or subcommittees to work on the action plan.
 - Identify people who can help complete the action plan who may not be a member of the team or council.

Stage 4. Implementation and Evaluation: How well are we doing?

- **Step 12. Arrange for training and support.**
 - Set up system-wide staff development to raise awareness about the benefits of CSHP. Emphasize that everyone shares the responsibility for, and can contribute to, healthy students and a healthy school.
 - Organize activities and training as needed to support the internal functioning of the committee(s) and to facilitate the completion of the action plan. Examples include team-building or other skill-building activities for the team(s)/committee(s).
- **Step 13. Monitor and document process and progress toward achieving action plan objectives (process evaluation).**
 - Discuss progress on the action plan at regular team/committee meetings. Identify successes, challenges and strategies for addressing challenges.
 - Review the processes being used to increase coordination. For example: How well are the coordinator and groups functioning?
 - Adjust activities and timeline as needed.
- **Step 14. Provide ongoing communication, advocacy and training about CSHP.**
 - Regularly publicize school health activities and accomplishments in school and community media. Events that can be photographed seem to be of most interest to the media, but press releases are also a good idea.
 - Regular communication and training help to address changes in personnel (especially of key players) and help to maintain the momentum for change.
 - The goal is to eventually saturate the school and community with consistent and reinforcing health promoting messages.

Stage 5. Evaluation, Celebration and Sustainability: How will we know when we get where we wanted to go?

- **Step 15. Evaluate and report on the impact of the action plan for coordinating a quality school health program.**
 - Provide the state evaluator (ETSU) with required data and information.
 - Identify improvements in the quality of each component.
 - Identify increases in coordination among school components and between school and community services and programs.
 - Report regularly on action plan progress and CSHP impact to school administrators, to the school board or committee, and other appropriate groups.
 - Organize a gathering at least once a year to recognize those who have contributed to the quality and coordination of school health.
- **Step 16. Advocate with the school board and administration to formalize CSHP.**
 - Work with the team/council to advocate for policy, procedures and/or funding that will sustain changes, e.g., the coordinator position and council/team(s) operation.

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